

FAMILY DAY CARE CENTER COMPLIANCE STUDY

Family Day Care Center Information

Center Name: _____

Center Address: _____
(Street, City, State, Zip Code)

Telephone Number: _____
(Include Area Code)

Date Study Completed: _____

Instructions

This compliance study is intended to assist you in assessing your compliance with the rules. We will mail the study to you every two years along with licensing continuation materials. Return it to us along with your application and other materials, if any. You are encouraged to make copies of this compliance study and all other application materials for your files.

We encourage you to answer all questions in this compliance study by circling the appropriate response, checking the appropriate box, or knowing that the information requested is available.

The study is set up so that you can skip sections which do not apply to your center by checking, "Not Applicable" and moving to the next item.

Note that "Yes" is not always the appropriate response to a question.

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OPERATIONAL REQUIREMENTS

TERMS OF LICENSE

Yes No N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.08(1)(b)2 | For license continuation, has licensee submitted an application and other required materials to the department 30 days prior to the end of the current licensing period? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(2)(e) | Has the current license been displayed in a location where parents can see it during the hours of operation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are the most recent licensing inspection results ("Noncompliance Statement and Correction Plan" form, CFS-294) posted near the license? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(1)(a) | The number of children in care at the center at any one time may not exceed the number for which the center is licensed. Have you complied with this rule? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(1)(b) | The age of children served by a center may not be younger or older than the age specified on the license. Have you complied with this rule? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(1)(c) | The hours, days and months of a center's operation may not exceed those specified on the license. Have you complied with this rule? |

CHANGES - AMENDMENT TO LICENSE

- | | | | | |
|--------------------------|--------------------------|--------------------------|----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.08(2) | A written request for an amendment to the license shall be submitted to the department by the licensee <u>before</u> any change is made in the conditions of the current license such as a change in the maximum number of children, the age range of the children, the hours of the center's operation, the days of the week, the months of the year the center is in operation, or the name of the center. Have you complied with this rule? |
|--------------------------|--------------------------|--------------------------|----------|--|

EXCEPTIONS OR STIPULATIONS

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.01(3) and Chapter 48 | Does your license have any exceptions or stipulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If "Yes", is the form posted next to your license? |

REPORTS

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(3)(a) | Have you had any accidents resulting in the death or serious injury requiring professional medical treatment of a child while in the care of the center? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Was a report made to the department within 48 hours after the occurrence? |

INFORMATION

NOTE: The report should be by telephone within 48 hours and followed by a written report. Written information regarding the accident should be entered on the "Day Care Accident Report" form (CFS-55) and sent to the department. Entry must also be made in the medical log.

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.03(3)(b) | Have you had any damage to the center which could have affected compliance with Rules for Family Day Care Centers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Was it reported to the department within 24 hours after the occurrence? |

INFORMATION

NOTE: The report should be by telephone within 24 hours and followed by a written report. The intent is to alert the department of circumstances which may cause harm to children through damage to the home. This includes fires and any other natural or man-made catastrophes.

SUMMARY SUSPENSION OF A LICENSE

Yes **No** **N/A**

INFORMATION 45.03(6)(a) A licensee or provider who knows or has reasonable cause to suspect that a child has been abused or neglected as defined in Wisconsin Statute 48.981(1) shall immediately contact the county department of social services or human services or local law enforcement agency.

INFORMATION 45.08(7)(a) Under the authority of Wisconsin Statute 227.51(3), the department may summarily suspend a license and, therefore, close a family day care center when the department finds that there is imminent danger to the health, safety or welfare of the children in care. Note: For additional information and definition of "imminent danger", refer to this section in your rule book.

COMPLAINTS

INFORMATION 45.09 Anyone having a complaint about a licensed or illegally operating family day care center may submit that complaint to the department by telephone, letter or personal interview. Every complaint shall be investigated by a licensing representative of the department. The department shall send a written report of the findings of the investigation to the complainant upon request.

CONFIDENTIALITY

☐ ☐ ☐ 45.03(7) Do you agree that information about children in care will be kept confidential as required by Wisconsin Statute 48.78?

ADMINISTRATION

Indicate if your center has revised any of the following written information listed below since the last license was issued.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enrollment policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admission policy and procedure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termination policy and procedure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fees charged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absence policy (children and provider)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily activities of the children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religious instruction or practices, if any

☐ ☐ ☐ 45.03(2)(c) Have the above written policies and procedures for your center been provided to parents of children in your care?

☐ ☐ ☐ Do your written policies and procedures reflect your current practices?

NOTE: If any of the above written policies and procedures have changed, include a copy.

☐ ☐ ☐ 45.08(1)(c)2 Is your center organized as a corporation, association or cooperative?

☐ ☐ ☐ If "Yes", has any change been made in the articles of incorporation and by-laws as initially submitted to the department?

NOTE: If "Yes", submit a copy of change with this compliance study.

INSURANCE

Yes **No** **N/A**

☐ ☐ ☐ 45.03(2)(d)

Have you (the licensee) provided written information to parents that you **do** or **do not** have general liability insurance coverage on the **day care operation**?

☐ ☐ ☐

Have you (the licensee) provided written information to parents that you **do** or **do not** have general liability insurance coverage on the **premises**?

If "Yes", explain how this was done.

NOTE: A regular homeowners insurance policy usually covers liability for the premises (see definition) and probably will not cover the day care operation; a separate liability policy for your day care operation may then be necessary if you wish coverage. It is not necessary for you to inform the parents of the name of the insurance company or the dollar limits of the insurance coverage.

PARENTS

☐ ☐ ☐ 45.03(4)(a)

Does your center permit parents to visit and observe at any time during the center's hours of operation?

☐ ☐ ☐ 45.03(4)(b)

Has the center given parents of each enrolled child a summary of the family day care rules?

NOTE: A summary of the family day care rules may be obtained from the Child Care Information Center by calling 1-800-362-7353.

CHILDREN'S RECORDS

☐ ☐ ☐ 45.03(5)(a)

Do you maintain a current written record at the center on each child enrolled and make the record available to the licensing representative?

Indicate if each child in care has a record containing the following.

☐ ☐ ☐ 45.03(5)(a)1

Enrollment information (on "Day Care Child Enrollment and Health History" form, CFS-62).

☐ ☐ ☐ 45.03(5)(a)2

Parental authorization for the child to participate in walking and vehicular transportation for field trips (contained on "Day Care Child Enrollment and Health History" form, CFS-62) if this is part of your program.

☐ ☐ ☐

Parental authorization for the child to participate in and be transported for other activities if part of your program.

☐ ☐ ☐ 45.03(5)(a)3

A written agreement, signed by the parent, outlining the plan for a school-age child to **come to the center** from school, home and other activities and to **go from the center** to school, home and other activities. See "Day Care School-Age Agreement" form, CFS-104.

☐ ☐ ☐ 45.03(5)(a)4a

Documentation of each child's "Health History" (contained on back side of Child Enrollment form).

☐ ☐ ☐

Documentation of each child's immunization history.

☐ ☐ ☐ 45.03(5)(a)4b

Copy of most recent physical examination, except for a school-age child.

☐ ☐ ☐ 45.03(5)(a)5

Written permission from the parents for medical attention to be sought for the child if the child is injured (contained on Child Enrollment form).

☐ ☐ ☐ 45.06(6)(d)1.a.

Medication permission forms, if applicable.

CHILDREN'S RECORDS - continued

Yes **No** **N/A**

☐ ☐ ☐ 45.03(5)(b) Do you maintain a written record of the daily attendance of each child?

☐ ☐ ☐ Is the record of each child's daily attendance kept for as long as the child is enrolled in the center?

INFORMATION

Entering the time a child comes to the center and leaves the center gives the provider documentation of the children currently in attendance in the event of an emergency and of each child's attendance at the center.

MEDICAL LOGBOOK

☐ ☐ ☐ 45.03(5)(c) Does the licensee maintain a medical logbook to record injuries received by a child and medication dispensed to a child?

☐ ☐ ☐ Does the medical logbook have a binding that is stitched?

NOTE: In addition to providing accountability to the parents and the department, an additional benefit to the licensee is that bound books are sewn or stitched and may be admissible in court as evidence in case of civil suit.

When showing a medical log entry to a parent, care should be taken to show only entries relating to that parent's child, because the medical log entries are confidential.

THE DAY CARE PROVIDER

QUALIFICATIONS

☐ ☐ ☐ 45.04(1)(b)1 Does the provider have a certificate or transcript which verifies that he / she has completed 40 hours or three credits of early childhood training approved by the department?

☐ ☐ ☐ 45.04(1)(b)2 The provider shall receive 15 hours of continuing education each year in child growth and development, early childhood education, first aid, or cardiopulmonary resuscitation as approved by the department. Is this 15 hours of training documented and kept on file at the center?

NOTE: This training may include attendance at training events, workshops, conferences, consultation with community resource people or observation of day care programs. Up to five hours may come from reading and viewing appropriate books / videos and writing reports.

Since your last license was issued, how many hours of continuing education have you completed and have recorded in your file? Total hours: _____

STATEMENT CONCERNING CRIMINAL CONVICTIONS OR CHARGES

☐ ☐ ☐ 45.04(1)(c) Has the provider(s) submitted to the department a "Background Information Disclosure" form (HFS-64) concerning criminal convictions or pending charges?

STATEMENT CONCERNING CRIMINAL CONVICTIONS OR CHARGES - continued

Yes **No** **N/A**

☐ ☐ ☐ 45.04(1)(c) Is there any other adult living in the home?

If "Yes", identify: _____

☐ ☐ ☐ Is there any child age 12 or older living on the premises?

If "Yes", identify: _____

If "Yes", to above questions, completed Background Information Disclosure forms must be submitted to the Department with applicable fees.

☐ ☐ ☐ In addition to provider and other adult in the home, is there any other adult who provides care to the children?

If "Yes", identify: _____

☐ ☐ ☐ If "Yes" to above questions, a "Background Information Disclosure" form must be completed on each person and you must complete the required background check with the Department of Justice. Was this done?

SUPERVISION

☐ ☐ ☐ 45.04(2)(a) The provider may not be employed or engaged in any other activity or occupation during the hours of operation of the center. Does the provider comply?

NOTE: "Other occupation" during the hours that children are in care is defined here to be activity that is non-child care such as "home industries" including telephone sales; take-in laundry; ironing; bookkeeping; home sales; hobbies, etc. Care of own children is not considered another occupation.

☐ ☐ ☐ Are household duties and domestic routines limited to daily maintenance of the home during hours that the center is in operation?

☐ ☐ ☐ 45.04(2)(b) Is the provider always awake whenever children are in care?

☐ ☐ ☐ 45.04(2)(c) No individual provider may take care of children for more than 12 hours in any 24 hour period. Does the center comply?

NOTE: If you are licensed for more than 12 hours, list name of other provider.

☐ ☐ ☐ 45.04(1)(b)1 and 2 Does this person meet the qualifications of a qualified provider?

☐ ☐ ☐ 45.04(2)(d) No child may be in care for more than 12 hours in any 24 hour period. Does the center comply?

☐ ☐ ☐ 45.04(2)(e) Do children in care have adult supervision at all times?

NOTE: Supervision means within sight or sound - see definition in HFS 45.02(18).
This includes children both indoors and outdoors.

☐ ☐ ☐ 45.04(2)(f) No person under 18 years of age may be left in sole charge of the children. Does the center comply?

SUPERVISION - continued

Yes **No** **N/A**

45.04(2)(g)

Does the provider have an approved plan to ensure supervision of the children in the following circumstances?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In an emergency

During provider's absence

NOTE: A plan for an "emergency" could consist of having a second adult being available to quickly come and remain at the center until you return.

A plan for "provider's absence" under absences at 45.03(2)(c) could consist of having a second adult come and supervise the children for part or all day while the provider is gone.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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45.04(2)(h)

The provider and any other adult working with children may not consume alcoholic beverages or any non-prescribed controlled substance specified in ch. 961, Stats., during the hours of the center's operation. Does provider comply?

NOTE: The title of Chapter 961 of the Wis. Statutes is "Uniform Controlled Substances Act." This chapter identifies controlled substances and drugs that have potential for abuse including marijuana, narcotic drugs, opium, hallucinogenic substances, etc. It specifies penalties for the illegal use, possession and sale of a controlled substance and rules for the proper manufacture and use of such drugs.

INFORMATION

45.04(4)(c)

The provider, a household member, volunteer, visitor or parent who has symptoms of illness or of a communicable disease that may be transmitted through normal contact may not be in contact with children in care.

INFORMATION

The provider, a household member, volunteer, visitor or parent whose behavior or mental or physical condition gives reasonable concern for the safety of the children may not be in contact with the children in care.

NOTE: The intent of this requirement is to provide for the safety and wellness of children by preventing any persons with a potential for harm to children to be on the premises.

GROUP SIZE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

45.04(3)(a)

No more than eight children may be in the care of the center at one time. Do you comply?

How do you document compliance? _____

What do you do during school vacations and snow days for school-age children?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Does the provider have his or her own children age six and younger in the home during center hours?

If "Yes", how many? _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

45.04(3)(a)1

Are all children age six years and younger, including provider's own children, included in total number of children?

GROUP SIZE - continued

Yes No N/A

☐ ☐ ☐ 45.04(3)(a)2 Are all children age seven years and older, who are not the provider's own children, included in total number of children in care?

NOTE: Provider's own children who are **seven years** of age or older are **not counted** in determining the total number of children.

TABLE 45.04			
MAXIMUM NUMBER OF CHILDREN IN FAMILY DAY CARE PER PROVIDER			
Children Under 2 Years of Age	Children 2 Years of Age and Older	Maximum Number of Additional Children in 1st Grade or Above in Care for Fewer Than 3 Hours a Day	Maximum Number of Children Per Provider
0	8	0	8
1	7	0	8
2	5	1	8
3	2	3	8
4	0	2	6

☐ ☐ ☐ 45.04(3)(c) Does the center comply with the number of children that one provider may care for as listed above?

INFORMATION

If the size of the group or the age distribution of the children exceeds the number that may be served by one provider, an additional qualified provider shall be present.

NOTE: Adult family members used as additional providers, as well as employed assistants and volunteers used to meet ratios in the above chart, **must meet the provider qualification requirements**. They must have on file documentation of provider training, completed "Staff Health" form (DCS-64), a "Background Information Disclosure" form (HFS-64), and a "Day Care Staff Record" form (CFS-53). These forms make up a staff record file. Adult employees who do not live in the home must also have on file a complete Caregiver Background Check (BID, IBIS and WDOJ).

An "additional provider" must be an adult. A person under age 18 years may participate with the children under the supervision of the provider or other adult staff but may not be counted in determining the number of providers in the center.

☐ ☐ ☐ Do you have an "additional provider" in your center?

☐ ☐ ☐ 45.03(2)(f) Does the center have on file a completed "Day Care Staff Record" form (CFS-53) which is provided by the department for each provider?

NOTE: Required forms which make up a staff record file are identified above. However, a "Day Care Staff Record" form (CFS-53) is not required for the provider who is also the licensee.

NOTE: If an additional child care provider is present, any combination of ages of children may be served, but the total number served at one time may never exceed eight children.

GROUP SIZE - continued

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.03(6)(b)	Does the licensee ensure that every provider has received training in the following?
Child abuse and neglect laws.				
Identification of children who have been abused or neglected.				
The process for reporting known or suspected cases of child abuse or neglect.				

REGIONAL OFFICE USE (Complete if appropriate)

PROVIDER HEALTH INFORMATION

45.04(4)(a) The provider shall have a health examination within 12 months prior to or within 30 days after being licensed.

Initial licensing date: _____

Health examination date: _____

45.04(4)(a)1

TB test date: _____

☐ Yes ☐ No 45.04(4)(b) Was an exception to above health examination given as permitted by this rule?

☐ Yes ☐ No 45.04(4)(b) If "Yes", is written request for exception in file?

THE HOME

SPACE

Yes No N/A

☐ ☐ ☐ 45.08(1)(c)4

Since the last license was issued, has there been any remodeling of existing space, change in room(s) used by children, or addition of equipment such as hot tubs or pools?

If "Yes", specify.

NOTE: If space used by children has changed, submit a new floor diagram which includes room dimensions.

☐ ☐ ☐ 45.05(1)(a)

Does the center have 35 square feet of usable floor space per child? This space does not include passageways, bathrooms, lockers, storage areas, the furnace room, that part of the kitchen occupied by stationary equipment, and space occupied by furniture that is not intended for children's use.

TEMPERATURE

☐ ☐ ☐ 45.05(1)(b)

Are inside temperatures maintained at not less than 67° F.?

☐ ☐ ☐

Is the center air conditioned?

☐ ☐ ☐ 45.05(1)(c)

If the center is not air conditioned, then the provider shall provide for air circulation with fans or other means if the inside temperature exceeds 90° F. Will the center comply with this requirement?

PROTECTIVE MEASURES

45.05(2)(a)

Indicate if the following are protected by screens or guards so that children cannot touch them.

☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

Furnaces
Water heaters
Steam radiators
Fireplaces
Wood burning stoves
Electric fans
Electric outlets
Electric heating units
Hot surfaces, such as pipes

☐ ☐ ☐ 45.05(2)(b)

Do you have any potentially dangerous items such as firearms, ammunition, arrows, etc., located on the premises?

☐ ☐ ☐

If "Yes", are the firearms locked up or do they have trigger locks in place?

☐ ☐ ☐

If "Yes", are they inaccessible to children?

☐ ☐ ☐

Is ammunition stored separately from firearms?

PROTECTIVE MEASURES - continued

Yes **No** **N/A**

☐ ☐ ☐ 45.05(2)(c) Are all materials that are harmful to children, as well as all articles labeled hazardous or poisonous, kept in properly marked containers?

☐ ☐ ☐ Are harmful materials stored in areas inaccessible to children? Harmful materials include power tools, flammable or combustible materials, insecticides, matches, drugs, etc.

NOTE: Any items marked "keep out of reach of children" must be stored in areas inaccessible to children.

☐ ☐ ☐ 45.05(2)(d) Does the center have at least one working telephone with a posted list of emergency telephone numbers for the following?
Local rescue squad
Fire department
Police department
Law enforcement agency
Poison control center 1-800-815-8855
Emergency medical service

NOTE: If 911 is available, 911 and poison control are all that must be posted at EACH telephone.

☐ ☐ ☐ 45.05(2)(e) Is the center's indoor child care space free of hazards?

☐ ☐ ☐ 45.05(2)(f) Do you have a motor vehicle at the center that is immediately available at all times in case of an emergency?

If "No", a public or private rescue or emergency vehicle must be available within ten minutes of a telephone call.

Name of agency or service: _____

Number of minutes for vehicle to reach center: _____

☐ ☐ ☐ 45.05(2)(g) Differences of elevation, including open sides of stairways, elevated platforms, walks, balconies and mezzanines shall be protected by railings at least 36 inches high and designed to prevent the passage through the bars of an object with a diameter larger than four inches. Does the center comply?

NOTE: Include outside decks and porches if children play on them and if the elevation constitutes a hazard as determined by the licensing specialist.

FIRE SAFETY

☐ ☐ ☐ 45.05(3)(a) Indicate if a smoke detector is installed and maintained in operating condition in the following locations.

☐ ☐ ☐ On each level of the center.

☐ ☐ ☐ In areas used for napping or resting.

☐ ☐ ☐ Are all smoke detectors tested monthly and a record kept of the test results?

☐ ☐ ☐ 45.05(3)(b) Is the 2A - 10BC fire extinguisher located in or near the kitchen and cooking area?

☐ ☐ ☐ Is the fire extinguisher inspected annually?

NOTE: Inspection to determine if extinguisher is fully charged can be done and documented by the licensee.

FIRE SAFETY - continued

Yes **No** **N/A**

- | | | | | |
|--|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(3)(b) | Does the provider know how to use the fire extinguisher? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(3)(c) | Does the center have a plan for taking appropriate action in the event of a fire or tornado? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Does the center practice and document either a fire or a tornado drill with the children each month? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Does the center use the fire alarm to initiate the fire drill? |
| NOTE: The "Family Day Care Center Fire and Safety Report" form (CFS-460) for family day care can be used to record monthly drills with the children. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(3)(d) | Unvented gas, oil or kerosene space heaters are prohibited. Does the center comply? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(3)(e) | A wood burning stove may be used only if it meets standards specified under COMM 23.045. Does the center comply? |

NOTE: A written statement by a qualified inspector (local building, fire department, insurance) must be on file verifying safe installation and meeting standards as required if the wood burning stove is to be used during licensed hours.

EXITING - Applies to One Family or Two Family Dwelling

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|--|
| <input type="checkbox"/> | | | | If not applicable to your center, check the "NA" box to the left and skip to next subsection titled "Exiting - Buildings Other Than a One or Two Family Dwelling." |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(4)(b)1 | Does each floor occupied by children in a one family or two family dwelling have two exits? |

NOTE: To determine compliance, complete the following section.

EXITING - Applies to One Family or Two Family Dwellings - continued

THE PRIMARY EXIT - (For floors used by children)

1st Floor 2nd Floor Basement

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	45.05(4)(b)2	One exit shall be a door or stairway providing unobstructed travel to the outside of the building at street or ground level.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		

THE SECONDARY EXIT SHALL BE ONE OF THE FOLLOWING:

NOTE: At least one "Yes" must be checked for each floor.

1st Floor 2nd Floor Basement

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	45.05(4)(b)3a	A door or stairway providing unobstructed travel to the outside of the building at street or ground level.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	45.05(4)(b)3b	A door or stairway leading to a platform or roof with railings at least 36 inches high with space openings no greater than four inches; the platform or roof having an area at least 25 square feet, at least four feet long and not more than 15 feet above ground level.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	45.05(4)(b)3c	A window not more than 46 inches above the floor which can be opened from the inside without the use of tools or removal of a sash, and which has a nominal window opening size of at least 20 inches in width and 24 inches in height.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	45.05(4)(b)3d Basement Only	An exit leading directly to ground level; OR
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		An exit leading to ground level via a stairway; OR
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		An exit to an areaway or window well with an area of at least six square feet and no more than 46 inches below ground level.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		

NOTE: The window should comply with 45.05(4)(b)3c above for exiting to window well.

EXITING - Applies to Buildings Other Than One or Two Family Dwellings

Yes No N/A

<input type="checkbox"/>				If not applicable to your center, check the "N/A" box to the left and skip to next subsection titled "Exiting - Applies to all Centers."
--------------------------	--	--	--	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.05(4)(c)	Does the center located in other than a one family or two family dwelling have exiting that conforms to Commerce rules for use of that building?
--------------------------	--------------------------	--------------------------	-------------	--

EXITING - Applies to all Centers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.05(4)(a)	Are all exits clear of obstructions?
--------------------------	--------------------------	--------------------------	-------------	--------------------------------------

NOTE: This includes hallways, stairways, areaway, window wells used for exits, etc.

DOORS

Yes **No** **N/A**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(5)(a) | Is the width of every required exit door at least two feet six inches? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(5)(b) | If a closet door has a latch, can the door be opened by children from inside the closet? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(5)(c) | Can toilet room doors with locks be opened from the outside in case of an emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If "Yes", is the opening device or key readily accessible to the provider? |
| | | | | Where is the opening device or key located? _____ |

WINDOWS

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(5)(d) | Do the rooms used for child care activities and sleeping have windows that open and have screens? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If "No", do you have an exception on file? |

SANITATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(6) | Is the premises of the center free from litter, vermin and in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are the furnishings of the center free from litter, vermin, maintained in a sanitary condition and in good repair? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Is the center equipment maintained in a sanitary condition and in good repair? |

WATER

Water supply is from: ☐ Public water system ☐ Private well

- | | | | | |
|--------------------------|--------------------------|--------------------------|----------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(7) | If the center gets its water from a private well, water samples from the well shall be tested annually by the state laboratory of hygiene or a state approved laboratory certified under ch. HFS 165. The water shall be found bacteriologically safe and with acceptable nitrate levels. Has this been done? |
| | | | | Date of last water test on file at the center: _____ |

INFORMATION

The laboratory report on the center's water shall be available to the department upon request.

FURNISHINGS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(8)(a) | Are furnishings durable and safely constructed with no sharp, rough, loose, or pointed edges? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(8)(b)1 | Is there sufficient table space and seating for each child? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(8)(b)2 | Indicate if there is sufficient storage space for the following. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Cots, sleeping bags and mats |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Bedding |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Children's clothing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Children's personal belongings |

FURNISHINGS - continued

Yes **No** **N/A**

KITCHEN

☐ ☐ ☐ 45.05(9)(a) Are all equipment and utensils used for preparing, serving and storing food kept clean and equipped for safe handling of food?

NOTE: This includes appliances, cooking utensils and appropriate pots, pans, food preparation dishes, storage dishes, etc.

☐ ☐ ☐ 45.05(2)(b) or (c) Are all knives and other sharp kitchen items stored so as to be inaccessible to children?

DISHWASHING

☐ ☐ ☐ 45.05(9)(b) Are the multiuse utensils that are used for eating and drinking thoroughly cleaned with detergent and hot water and then rinsed after each child's use?

FOOD

☐ ☐ ☐ 45.05(9)(c) Is the food clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption?

☐ ☐ ☐ 45.05(9)(d)1 Is the food covered and stored at temperatures which protect against spoilage?

NOTE: Refrigerator 40° F or less. Freezer 0° F or less.

☐ ☐ ☐ 45.05(9)(d)2 Leftover food shall be discarded after 36 hours unless frozen for later use.

NOTE: This means that leftover prepared food which has been maintained at proper temperature in the kitchen and which has not been served may be stored either by putting promptly in refrigerator and using within 36 hours or frozen immediately for later use.

WASHROOM AND TOILET FACILITIES

☐ ☐ ☐ 45.05(10)(a) Does the sink that is available for use by the children have hot and cold running water?

NOTE: The maximum temperature of the hot water should not exceed 120° F.

☐ ☐ ☐ 45.05(10)(b) Indicate if the following are provided and accessible to the children.
☐ Soap
☐ Toilet paper
☐ Waste paper container

☐ ☐ ☐ 45.06(6)(e)3 Do you have individual towels (cloth or paper) for each child?

NOTE: The use of paper toweling is strongly recommended.

☐ ☐ ☐ 45.05(10)(a) Is there at least one toilet with plumbing that is available for use by the children?

OUTDOOR SPACE AND PLAY EQUIPMENT

☐ 45.05(11)(a) This subsection applies when any child is receiving care for more than three hours a day. If not applicable to your center, check the "N/A" box to the left and skip to next subsection titled "Swimming Places."

☐ ☐ ☐ Have the dimensions or boundaries of your outdoor play space area changed since your last license was issued?

If "Yes", send a diagram with measurements.

OUTDOOR SPACE AND PLAY EQUIPMENT - continued

Yes **No** **N/A**

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(b)2 | Is there at least 75 square feet of outdoor play space for each child using the space at a given time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(b)3 | Is the outdoor play space well-drained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(b)3 | Is the outdoor space area free of hazards including uncovered wells and cisterns and unused appliances? |

NOTE: Other dangerous hazards include but are not limited to stacked lumber with exposed nails, broken glass, poisonous plants, mushrooms, fungi, plants which have inedible or toxic berries, swimming pools, wading pools, water gardens and hot tubs. Is area free of electrical hazards and other toxic materials such as seeping creosote, flaking paint, etc.?

- | | | | | |
|--------------------------|--------------------------|--------------------------|---------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(b)4 | Do the boundaries of the play area continue to be defined in such a way as to protect children? A permanent enclosure not less than four feet high shall be provided where there are hazards nearby, including but not limited to traffic or bodies of water. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(b)5 | Concrete and asphalt are prohibited under climbing equipment, swings, and slides. Does the play area comply? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(3)(a)1 | Is the outdoor play equipment scaled to the size and developmental level of the children? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(3)(a)2 | Is the play equipment of sturdy construction with no sharp, rough, loose, or pointed edges? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Is the play equipment in good operating condition and anchored when necessary? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(11)(c) | If the center does not have outdoor play space, does the center have an approved exemption for off premises play space? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(3)(a)3 | Is the play equipment placed so as to avoid danger of accident or collision and to permit freedom of action? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(3)(d) | Is there sufficient outdoor play equipment to allow each child at least one activity when all children are using equipment at the same time? |

NOTE: Outdoor equipment may be permanently installed, brought from indoors or a combination of both.

SWIMMING PLACES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.05(12)(b) | Wading pools may be used if the water is changed daily and the pool disinfected daily. Does the center comply? |
| | | | | NOTE: Wading pool means a shallow pool, capable of being dumped to change water with sides not more than 15" high and used primarily for small children. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Is a stipulation for wading pool usage in place and posted near your license? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Does the center have on premises an above-ground rigid swimming pool? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Does the center have on premises an in-ground swimming pool? |

SWIMMING PLACES - continued

Yes No N/A

If "Yes" to the above questions, complete the following.

☐ ☐ ☐

Is a stipulation in place with specific protections listed and is this posted near your license?

☐ ☐ ☐ 45.05(12)(d)

Is the swimming pool surrounded by a permanent enclosure that is not less than four feet high?

☐ ☐ ☐ 45.05(12)(a)

An above-ground swimming pool may not be used by children in care. Does the center comply?

☐ ☐ ☐ 45.05(12)(c)

An in-ground swimming pool may be used if there is compliance with items (c)1, (c)2, and (c)3 as stated in the family day care rule book. Has this been done?

☐ ☐ ☐

Are children in care taken to swimming places which are not located on premises of the center?

If "Yes" to above question, complete the following.

Name of swimming place: _____

Location of swimming place: _____

☐ ☐ ☐ 45.05(12)(e)

Does the swimming place which is not located on center premises meet the requirements of HFS 171 and HFS 172?

NOTE: Regulations of HFS 171 apply to construction and operation of beaches.

Regulations of HFS 172 apply to the safety, maintenance and operation of public swimming pools.

Every public pool shall be under the supervision of a competent operator or lifeguard.

THE CHILD

PROGRAM

Yes No N/A

Do your planned activities provide experiences so that each child may:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)1 | Be successful and feel good about himself / herself? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)2 | Use and develop language? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)3 | Use large and small muscles? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)4 | Use materials and take part in activities which encourage creativity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)5 | Learn new ideas and skills? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)6 | Participate in imaginative play? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(a)7 | Be exposed to a variety of cultures? |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(1)(b)	Are the daily activities planned according to the age and development level of the children in care?
--------------------------	--------------------------	--------------------------	-------------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the daily activities planned with developmentally appropriate practice and early brain development in mind?
--------------------------	--------------------------	--------------------------	--	---

Does your program provide a flexible balance of:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(b)1 | Daily indoor activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Daily outdoor activities when child is in care for more than three hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(b)2 | Active and quiet play? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(b)3 | Protection from excess fatigue and overstimulation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(1)(b)4 | Individual and group activities? |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(1)(c)	If television is used in your center, is it used only to supplement the daily plan for children?
--------------------------	--------------------------	--------------------------	-------------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(1)(b)	If "Yes", are the programs age and developmentally appropriate?
--------------------------	--------------------------	--------------------------	-------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(1)(c)	Are there times when you require children to watch television?
--------------------------	--------------------------	--------------------------	-------------	--

DISCIPLINE

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(2)(a) | For children in care, does your center provide the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Positive guidance and redirection for the children? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Setting of clear limits for the children? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Help children develop self-control and self-esteem? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Help children develop respect for the rights of others? |

TIME-OUT

Yes **No** **N/A**

☐ ☐ ☐

Does your center use time-out periods to deal with unacceptable behavior?

☐ ☐ ☐

45.06(2)(b)

If "Yes", do time-out periods for a child exceed five minutes?

☐ ☐ ☐

Is the procedure you use for time-out described in writing and included in your center's discipline policy?

If "No", develop a procedure you will use when a time-out is used and include a copy.

☐ ☐ ☐

45.06(2)(c)

Actions which are humiliating or frightening to a child, including the following, are prohibited. Have any of the below occurred while children were in your care?

☐ ☐ ☐

45.06(2)(c)1

Spanking, hitting, pinching, shaking or inflicting any other form of corporal punishment on the child.

☐ ☐ ☐

45.06(2)(c)2

Verbal abuse, threats or derogatory remarks about the child or the child's family.

☐ ☐ ☐

45.06(2)(c)3

Binding or tying the child to restrict the child's movement or enclosing the child in a confined space such as a closet, locked room, box or similar cubicle.

☐ ☐ ☐

45.06(2)(c)4

Withholding or forcing meals, snacks or naps.

☐ ☐ ☐

45.06(2)(c)5

Sexual abuse.

☐ ☐ ☐

45.06(2)(d)

Do you punish children for lapses in toilet training?

INDOOR EQUIPMENT

☐ ☐ ☐

45.06(3)(a)

Is the indoor play equipment safe for children's use?

☐ ☐ ☐

45.06(3)(a)1

Is the indoor play equipment scaled to the size and developmental level of the children?

☐ ☐ ☐

45.06(3)(a)2

Is the play equipment of sturdy construction with no sharp, rough, loose, or pointed edges?

☐ ☐ ☐

45.06(3)(a)2

Is the play equipment in good operating condition and anchored when necessary?

☐ ☐ ☐

45.06(3)(a)3

Is the equipment placed so as to avoid danger of accident or collision and to permit freedom of action?

45.06(3)(b)

To foster child development, do you have a variety of play equipment to provide for:

☐ ☐ ☐

Large and small muscle activity

☐ ☐ ☐

Dramatic play

☐ ☐ ☐

Creative expression

☐ ☐ ☐

Intellectual stimulation

INDOOR EQUIPMENT - continued

Yes **No** **N/A**

☐ ☐ ☐ 45.06(3)(c) Is there sufficient indoor play equipment to allow each child a choice of at least three activities involving equipment when all children are involved in using equipment?

NOTE: Equipment with pieces that do not work or with missing parts cannot be counted; e.g., puzzles with lost pieces, dolls with missing parts, trucks missing a wheel(s), etc. Lists suggesting kinds and numbers of equipment for centers are available from your licensing specialist or the Child Care Information Center (1-800-362-7353).

REST PERIODS

☐

This subsection applies to children attending the center for more than four hours. If not applicable to your center, check the "N/A" box to the left and skip to next subsection titled "Meals and Snacks."

☐ ☐ ☐ 45.06(4)(a) Do children under five years of age in care for more than four hours have a nap or rest period?

NOTE: Children age five and older are not required to nap.

☐ ☐ ☐ 45.06(4)(b) Are children who do not sleep and children who wake up early permitted to get up and have a quiet time through the use of equipment or activities which do not disturb other children?

☐ ☐ ☐ 45.05(8)(b)3 Do children one year of age or older nap or sleep on a safe and washable cot, bed, playpen, two inch thick mat, or sleeping bag?

☐ ☐ ☐ 45.06(4)(c) Are the cots, sleeping bags, etc. placed two feet from each other?

☐ ☐ ☐ 45.06(4)(d) Do children spending the night sleep in beds or cots?

If sleeping bags (a padded fabric bag that is closed or capable of being closed on three sides) are used:

☐ ☐ ☐ 45.06(4)(e) Is a sleeping bag used by the same child until it is washed?

☐ ☐ ☐ Are sleeping bags stored in a sanitary manner and immediately cleaned if wet or soiled?

If beds, cots, mats or playpens are used:

☐ ☐ ☐ 45.06(4)(e) Does each child using a bed, cot, two inch mat or playpen have an individually identified **sheet and blanket** used only by that child until it is washed?

☐ ☐ ☐ Is bedding stored in a sanitary manner and immediately cleaned if wet or soiled?

☐ ☐ ☐ 45.06(4)(f) Only two related children may share a double bed. Do you comply?

☐ ☐ ☐ Does only one child occupy a single bed, cot, playpen, mat or sleeping bag?

MEALS AND SNACKS

Yes No N/A

☐

The rules in this subsection on meals and snacks are not required to be met by the center if children are present for less than 2 1/2 hours. If not applicable to your center, check the "N/A" box to the left and skip to next subsection titled "Child Health."

☐ ☐ ☐

Is the center currently participating in the USDA Child Care Food Program?

If "Yes", name of program: _____

TABLE 45.06

MEALS AND SNACKS TO BE SERVED TO CHILDREN IN FAMILY DAY CARE CENTERS

<u>Time Present</u>	<u>Number of Meals and Snacks</u>
At least 2 1/2, but less than 4 hours	1 snack
At least 4, but less than 8 hours	1 snack and 1 meal
At least 8, but less than 10 hours	2 snacks and 1 meal
10 or more hours	2 meals and 2 or 3 snacks

Snacks

List scheduled snack(s) time(s): _____

Snacks served at the center are supplied by:

☐ ☐ ☐

Center

☐ ☐ ☐

Parents

☐ ☐ ☐

Other - Specify _____

☐ ☐ ☐

45.06(5)(f)

Do snacks consist of **at least two** of the following?

Milk or a milk product

Fruit

Fruit juice (shall be pure fruit juice)

Vegetable

Peanut butter or other protein

Whole grain or enriched bread or cereal

☐ ☐ ☐

45.06(5)(a)

Are snacks provided based on the amount of time children are present as specified in Table 45.06 above.

Meals

Check meals served: ☐ Breakfast ☐ Noon ☐ Evening ☐ None

Mealtime schedule is: _____

Meals served at the center are provided by:

☐ ☐ ☐

Center

☐ ☐ ☐

Parents (Child brings own food)

☐ ☐ ☐

Other (Specify) _____

MEALS AND SNACKS - continued

Yes **No** **N/A**

☐ ☐ ☐ 45.06(5)(a)

Are meals provided based on the amount of time children are present as specified in Table 45.06 above.

FOOD PREPARED BY PARENTS

☐

Answer the questions below. If not applicable to your center, check "N/A" box to the left.

☐ ☐ ☐

Have you informed all parents what food categories should be included in child's meal?

If "Yes", how was this done? _____

☐ ☐ ☐ 45.06(5)(h)

If a child comes with a meal provided by the parents that does not provide 1/3 of the child's daily nutritional requirements or does not have all the appropriate food categories required for that meal, does your center have food on hand to supplement such meal when necessary?

Specify some supplemental foods that you have on hand.

NOTE: If a child is under age one it is recommended that supplemental foods be approved by the parent before being introduced to the child's diet.

MEALS SERVED AT CENTER

Complete the appropriate section(s) below. If not applicable to your center, check "N/A" box to the left.

☐

Breakfast

45.06(5)(d)

Does breakfast consist of at least one item from each of the following categories?

☐ ☐

Fruit or juice

☐ ☐

Cereal or whole grain or enriched bread product

☐ ☐

Grade A vitamin D pasteurized milk

☐ ☐

45.06(5)

Does each child who eats breakfast at your center, regardless of who provides it, receive a food in each of the above categories?

☐

Noon and Evening Meal

Noon **Eves**

45.06(5)(e)

Noon and evening meals shall consist of at least one item from each of the following categories.

☐ Yes ☐ Yes
☐ No ☐ No

Protein sources, such as meat, poultry, fish, eggs, cooked dried peas or beans, cheese or peanut butter

☐ Yes ☐ Yes
☐ No ☐ No

Two vegetables, or one vegetable and one fruit, or two fruits

☐ Yes ☐ Yes
☐ No ☐ No

Cereal, or whole wheat or enriched bread products

☐ Yes ☐ Yes
☐ No ☐ No

Grade A vitamin D pasteurized milk

MEALS AND SNACKS - continued

Yes **No** **N/A**

Noon and Evening Meal - continued

- | | | | | |
|---|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(5) | Does each child who eats a noon or evening meal at your center, regardless of who provides it, receive a food in each of the above categories? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 45.06(5)(c) | Does each meal that the child has at the center provide 1/3 of the daily nutritional requirements for that child? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 45.06(5)(b) | Are your meals and snacks served at flexible intervals each day to permit children to eat at least every three hours? |
| NOTE: Serving time can be flexible but no child may go without nourishment for longer than three hours. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | 45.06(5)(g) | Is enough food prepared for each meal so that second portions of vegetables or fruit, bread and milk are available to children? |
| <input type="checkbox"/> | <input type="checkbox"/> | | | Do you have school-age children who come to your center before or after school? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 45.06(5)(j) | If "Yes", is a school-age child offered a meal or snack if they are in the center when a meal or snack is served? |

CHILD HEALTH

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(a)1 | Do you observe each child who arrives at your center for symptoms of illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(a)2 | Are any injuries or evidence of unusual bruises, contusions, lacerations or burns which are seen at the time of child's arrival noted and written in a medical logbook? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are any injuries or evidence of unusual bruises, contusions, lacerations or burns which occur during hours of the center's operation noted and written in the medical logbook? |

ILL CHILD

- | | | | | |
|--|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(b) | Do you have a separate room or area for the care of a child who becomes ill? |
| NOTE: An ill child should be separated from the other children but should be within sight or sound of the provider and be within the designated day care area. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Do you have a copy of the Division of Public Health Exclusion Chart which is available from the Child Care Information Center? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If a child becomes ill at your center, do you notify the child's parent or emergency contact (person to be contacted when parents cannot be reached) so that arrangements can be made to remove the child from the center as soon as possible? |

COMMUNICABLE DISEASE

Yes **No** **N/A**

☐ ☐ ☐ 45.06(6)(c)

Is the local public health officer notified when a child attending the center or a child of the provider has a reportable communicable disease transmitted through normal contact?

Such reportable communicable diseases include chicken pox, German measles, infectious hepatitis, measles, mumps, scarlet fever or meningitis. These are reportable diseases under Division of Public Health Rules found in Wisconsin Administrative Code HFS 145.

Name - local public health officer: _____

Telephone number - local public health officer: _____

☐ ☐ ☐

Do you notify parents of all the enrolled children when a child attending the center or a child of the provider has a reportable communicable disease transmitted through normal contact?

☐ ☐ ☐

Do you maintain confidentiality when notifying parents?

NOTE: A chart with information about communicable diseases is available from the Child Care Information Center upon request. (1-800-362-7353)

MEDICATIONS

☐ ☐ ☐ 45.06(6)(d)1a

Do you require a parent to sign and date a written authorization **before** you give prescription or nonprescription medications to a child?

☐ ☐ ☐ 45.06(6)(d)1b

Is the **prescription** medication in the original container and labeled with the child's name, dosage and administration directions?

☐ ☐ ☐ 45.06(6)(d)1c

Is the **nonprescription** medication labeled with the child's name and does the label include the dosage and directions for administration?

45.06(6)(d)2

Specify where medications are stored so they are not accessible to children.

☐ ☐ ☐ 45.06(6)(d)3

Do you have a separate, covered container for medications requiring refrigeration that is clearly labeled "medications?"

PERSONAL CLEANLINESS

☐ ☐ ☐ 45.06(6)(e)1

Are children's hands washed with soap and running water before meals or snacks and after toileting?

☐ ☐ ☐

Are children's hands and face washed after meals?

☐ ☐ ☐

Do you, and any other person in charge of the children, wash your hands with soap and running water before handling food and after assisting with toileting?

☐ ☐ ☐ 45.06(6)(e)2

Bodily secretions from a child shall be wiped with a disposable tissue. Whoever does the wiping shall wash his / her hands immediately. Does the center comply?

NOTE: Secretions such as from dripping nose, vomit, etc.

PERSONAL CLEANLINESS - continued

Yes **No** **N/A**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(e)3 | Do children share cups, eating utensils, toothbrushes or towels? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(e)4 | Do you promptly change wet or soiled clothing and diapers from an available supply of clean clothing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Do you have any children in care who are two years of age or older and who need attention for diapering or toileting? |

If "Yes", then you must comply with the following rule.

- | | | |
|--|--------------|---|
| | 45.06(6)(e)5 | When children two years of age or older need attention for diapering or toileting, Section HFS 45.07(5), located in "Additional Requirements for Infant and Toddler Care" must be completed. See page 33. |
|--|--------------|---|

INJURIES

- | | | |
|-------------|--------------|--|
| INFORMATION | 45.06(6)(f)1 | Written permission from the parents to call the family physician or refer the child for medical care in case of injury shall be on file at the center. |
|-------------|--------------|--|

NOTE: "Day Care Child Enrollment and Health History" form (CFS-62) contains the parental consent for emergency medical care or treatment.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are parents contacted and notified as soon as possible after an emergency has occurred? |
|--------------------------|--------------------------|--------------------------|--|---|

NOTE: An emergency would be a serious or questionable injury that may require the services of a physician, dentist or hospital. For such an injury a "Day Care Accident Report" form (CFS-55) should be completed by the center and sent to the department.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If a child has received a minor injury, are the parents informed of the injury when they come to pick up their child? |
|--------------------------|--------------------------|--------------------------|--|---|

NOTE: A minor injury is one which can be treated at the center such as bruises, scrapes, slivers, etc.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(f)2 | Are superficial wounds cleaned only with soap and water and protected with a Band-Aid or bandage? |
|--------------------------|--------------------------|--------------------------|--------------|---|

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(f)3 | Suspected poisoning shall be treated only after consultation with a poison control center. Does the center comply? |
|--------------------------|--------------------------|--------------------------|--------------|--|

NOTE: Syrup of Ipecac used for the purpose of inducing vomiting may be kept with first aid supplies **but** used only after instructions from the poison control center.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(f)4 | Has the provider identified a specific place where children would be taken for emergency medical care or treatment? A source of emergency medical care would include a hospital emergency room, a clinic or other constantly staffed facility. |
|--------------------------|--------------------------|--------------------------|--------------|--|

- | | | | | |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Have you advised parents of where the children would be taken for emergency medical care or treatment and how they will be transported? |
|--------------------------|--------------------------|--------------------------|--|---|

If "Yes", specify how you informed the parents.

HEALTH EXAMINATION

Yes No N/A

☐ ☐ ☐ 45.06(6)(g)2

Each child two years of age or older, including provider's own children in care, shall have an initial health examination not more than **one year prior to** nor later than **three months after** being admitted to the center. Does the center comply?

☐ ☐ ☐

A follow-up health examination at least once **every two years** after admission is required for each child two years of age or older, including provider's own children in care. Does the center comply?

INFORMATION

A child enrolled in school is not required to have a health examination.

☐ ☐ ☐ 45.06(6)(g)3

The health examination report shall be on a form provided by the department, the "Child Health Report In-Home, Family Day Care, Day Care Center" form (CSF-60). The form shall be signed and dated by a licensed physician, physician's assistant or a health check provider. Has this been done?

NOTE: "Health Check Provider" means a provider of health assessment and evaluation services eligible to be certified under Wis. Admin. Code HFS 105.37(1)(a). This refers to certification of Early and Periodic Screening / Diagnosis and Treatment (EPSDT) providers of health assessment and evaluation services and which include the following:

- Physicians
- Outpatient hospital facilities
- Health maintenance organizations
- Visiting nurse associations
- Clinics operated under a physician's supervision
- Local public health agencies
- Home health agencies
- Rural health clinics
- Indian health agencies
- Neighborhood health centers

INFORMATION 45.06(6)(g)4

The health examination requirement above in 45.06(6)(g)2 does not apply if the parents of a child request in writing that the **department grant an exemption** based upon the parent's adherence to religious belief in exclusive use of prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect or denomination.

HEALTH HISTORY

☐ ☐ ☐ 45.06(6)(g)5

Do **all children**, including school-age children, have a health history completed by the parent on file at the center?

NOTE: The "Health History" is found on the back side of the "Day Care Child Enrollment and Health History" form (CFS-62).

IMMUNIZATION

☐ ☐ ☐ 45.06(6)(h)

Does the center maintain a record of immunization for each child to document compliance with Wis. Statute 140.05(16) and Wis. Admin. Code HFS 144.

NOTE: Day Care Immunization Record is contained on form DPH-4192.

PETS

Yes **No** **N/A**

☐ ☐ ☐

Does the center have a dog or cat on the premises?

☐ ☐ ☐ 45.06(7)

If "Yes", is the pet vaccinated against rabies?

Type of pet(s): _____

Date of last vaccination: _____

☐ ☐ ☐ 45.06(7)

Is the pet(s) tolerant of children?

TRANSPORTATION

☐

This section applies to all transportation of children under day care provider supervision including both regularly scheduled transportation to and from the center and field trip transportation. See 45.06(8)(a). If not applicable to your center, check the "N/A" box to the left and skip to the next subsection titled "Additional Requirements for Infant and Toddler Care." See page 30.

NOTE: This section does not apply to emergency transportation of a child in case of an accident or other emergency situation.

Transportation is for:

☐ ☐ ☐

Field trips

☐ ☐ ☐

Regularly scheduled, to or from the center (provided or arranged by the center).

Transportation is by:

☐ ☐ ☐

Vehicle owned or leased by the center / licensee.

☐ ☐ ☐

Volunteer owned vehicle. This includes privately owned cars of parents or other persons, or agencies such as church, community groups, etc.

☐ ☐ ☐

Arrangement with a private firm.

Firm name: _____

☐ ☐ ☐

Children transported in school or city buses.

Insurance

☐ ☐ ☐ 45.03(2)(d)

When transportation is provided in a vehicle that is owned or leased by the center, have you (the licensee) provided written information to parents that you **do** or **do not** have insurance coverage on the vehicle?

NOTE: It is not necessary to inform the parents of the name of the insurance company or the dollar limits of the insurance coverage.

Parental Authorization

☐ ☐ ☐ 45.03(5)(a)2

Does child's record contain parental authorization for the child to participate in and be transported for field trips and other activities?

TRANSPORTATION - continued

Yes **No** **N/A**

Emergency Information

Is the following emergency information (contained on Child Enrollment form) carried in the vehicle for each child transported?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(b)1 | An address and telephone number where a parent or other adult can be reached in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(b)2 | The name, address and telephone number of the child's health care provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(b)3 | Written consent from the child's parent for emergency medical treatment. |

Driver

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(c) | Is the driver of the vehicle 18 years or older and hold a valid Wisconsin operator's license for the type of vehicle driven; e.g., auto, bus? |
|--------------------------|--------------------------|--------------------------|-------------|---|

Vehicle

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(d)1 | Is the vehicle used to transport children registered (licensed) by the State of Wisconsin? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(d)2 | Center owned vehicles shall be in safe operating condition. At 12 month intervals the licensee shall provide the department with evidence of a vehicle's safe operating condition on a form provided by the department. Does the center comply? |

NOTE: The "Vehicle Safety Inspection" form (CFS-52) must be completed by an auto mechanic of a bona fide business and a copy of the report must be on file in the center. The vehicle inspection cannot be done by someone who has a vested interest in the inspection results (i.e., the licensee's spouse or other close relative).

Seat Belts

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(e) | Every child in care age two years or older, and each accompanying adult being transported in a vehicle shall be seated and properly restrained in a seat belt. Is this done? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(e) | Every child under two years of age being transported in a vehicle shall be in a child safety restraint system in compliance with Wis. Stat. 347.48. Does the center comply? |

NOTE: Current Wisconsin Statute 348.48(4) requires that children **under the age of four** be properly restrained in a child safety restraint system.

Vehicle Capacity and Supervision

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(f)1 | Are children always attended and never left alone in a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(f)2 | When children are transported in a vehicle, is there at least one adult supervisor in addition to the driver whenever there are more than three children who are either under two years of age or who have a handicap which limits their ability to respond to an emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(8)(g) | Is smoking prohibited in the vehicle while children are being transported? |

ADDITIONAL REQUIREMENTS FOR INFANT AND TODDLER CARE

Yes No N/A

☐ ☐ ☐

Are you providing care and supervision to infants and toddlers?

If "Yes", complete this section in full.

☐ ☐ ☐

Do you have any children who are two years of age or older and who need attention for diapering or toileting?

If "Yes", complete subsection 45.07(5) found on page 33.

☐

If "No" to both questions above, check the "N/A" box to the left and you will have completed this compliance study.

EXITING - Infants and Toddlers

☐ ☐ ☐

45.05(4)(d)

Children under 24 months of age may be cared for only in areas of the center where one of the two exits is not more than six feet up or down from the ground level. Does the center comply?

Identify floor levels or areas for infant / toddler care which comply with above.

☐ ☐ ☐

Two children under 24 months of age may be located on a level that is more than six feet up or down from the ground level if the center is equipped with an interconnected smoke detection system in operating condition.

Identify floor levels for infant / toddler care that are more than six feet up or down from ground level.

☐ ☐ ☐

Does the center have an interconnected smoke detection system in operating condition? Then:

☐ ☐ ☐

Will no more than two children under 24 months of age be on the floor level (indicated above) that is more than six feet up or down from the ground?

PROVIDER

☐ ☐ ☐

45.04(1)(b)3

A provider licensed to care for infants and toddlers shall receive ten hours of training in infant and toddler care as approved by the department within six months after accepting any infant or toddler for care. Have you received this training?

If "Yes", provide date of training: _____

☐ ☐ ☐

Have all providers received and documented having received SIDS risk reduction training?

SAFETY

☐ ☐ ☐

45.07(2)(b)

Are safety gates provided at open stairways?

REST PERIODS - Toddler

Yes No N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.05(8)(b)3	Is there a safe, washable cot, bed, two inch thick mat, playpen or sleeping bag for each toddler who naps or sleeps?
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REST PERIODS - Infant

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.05(8)(b)4	Is each infant who naps or sleeps provided a safe, washable crib or playpen?
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(4)(f)	Do infants sleep alone in cribs or playpens?
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REST PERIODS - All

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(4)(c)	Is each child who is napping or resting provided with a bed, cot, mat, sleeping bag, crib or playpen and placed at least two feet from the next sleeping child?
--------------------------	--------------------------	--------------------------	-------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(4)(e)	Is each child using a bed, cot, two inch mat, playpen or crib provided with an individually identified sheet and blanket or sleeping bag which may be used only by that child until it is washed?
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are sleeping bags and bedding stored in a sanitary manner and immediately cleaned if wet or soiled?
--------------------------	--------------------------	--------------------------	--	---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(4)(d)	Do children spending the night sleep in beds, cots or cribs?
--------------------------	--------------------------	--------------------------	-------------	--

HEALTH

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(6)(g)1	Do all children under two years of age, including each provider's child in care, have an initial health examination not more than six months prior to nor later than three months after admission to the center?
--------------------------	--------------------------	--------------------------	--------------	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(6)(g)1	Do all children under two years of age, including each provider's child in care, receive a follow-up health examination at least once every six months after admission ?
--------------------------	--------------------------	--------------------------	--------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.06(6)(h)	Do you have a record of immunizations for each enrolled infant and toddler, including each provider's child in care?
--------------------------	--------------------------	--------------------------	-------------	--

NOTE: Toddlers age 15 months and older must meet minimum requirements for immunizations. See "Day Care Immunization Record" form DOH-4192. Children under age 15 months receive immunizations according to their doctor's recommendations.

GENERAL REQUIREMENTS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45.07(2)(a)	To individualize the program of care for each child under age two years, does the center use information obtained on the department provided form "Day Care Intake for Child Under 2 Years" (CFS-61)?
--------------------------	--------------------------	--------------------------	-------------	---

NOTE: This form must be completed prior to the child's first day of attendance.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Do you provide parents with a copy of the "Back to Sleep" brochure if parents choose a sleep position other than the back?
--------------------------	--------------------------	--------------------------	--	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Has the parent initialed and dated this request on the form "Day Care Intake for Child Under 2 Years" (CFS-61)?
--------------------------	--------------------------	--------------------------	--	---

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Do you periodically discuss the child's development routines with parents?
--------------------------	--------------------------	--------------------------	--	--

DAILY PROGRAM

Yes **No** **N/A**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(a) | Do you respond promptly to a crying child's needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(b) | Is each infant and toddler allowed to form and follow his or her own patterns of sleeping and waking? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(c) | Do you provide activities which are a learning and growth experience? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(d) | Throughout the day does each infant and toddler receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(e) | Are routines related to activities such as taking a nap, eating, diapering and toileting used as occasions for language development and other learning experiences? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(f) | While a non-walking child is awake, do you periodically change the child's position and location in the room? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(g) | Is the non-walking child given opportunities during each day to move freely by creeping and crawling in a safe, clean, open, warm and uncluttered area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are non-walking children kept at a safe distance from older children and pets during their floor time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(h) | Are the infants and toddlers encouraged to play with a wide variety of safe toys and objects? |

If "Yes", list some examples of equipment that you have for their use.

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(3)(i) | Are infants and toddlers taken outdoors for part of each day except during inclement weather or when this is not advisable for health reasons? |
|--------------------------|--------------------------|--------------------------|-------------|--|

FEEDING

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(a) | Is each infant and toddler fed on his or her own feeding schedule? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(b) | Is all food and formula brought from home labeled with the child's name and dated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If needed, is it refrigerated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(c) | If formula is provided by the center, is it of the commercial iron enriched type and mixed according to the manufacturer's directions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(d) | All children under six months of age shall be provided formula or breast milk unless the center has written instructions from the child's physician to provide another type of milk or milk substitute. Is this done? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(e) | All children six months to 12 months of age shall be provided breast milk, formula, or Grade A pasteurized vitamin D whole milk unless the center has written instructions from the child's physician to provide another type of milk or milk substitute. Is this done? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(g) | Is leftover milk or formula discarded after each feeding? |

FEEDING

Yes **No** **N/A**

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(h) | Are infants and toddlers offered drinking water several times daily? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(i) | If a child is unable to hold a bottle, do you hold the child while feeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | If a child is unable to hold a bottle, do you ever prop up the bottle so the child can feed self? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(j) | If a child is too young to sit in a high chair or feeding table, is that child held or placed in an infant seat during feeding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are wide based high chairs with safety straps or feeding tables with safety straps provided for children who are not developmentally able to sit at tables and chairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(4)(k) | Are eating utensils and cups scaled to the size and developmental level of the children? |

DIAPERING AND TOILETING ACTIVITY

- | | | | | |
|--|--------------------------|--------------------------|--------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(a) | Are wet or soiled diapers and clothing changed promptly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(b) | In the diapering process, is the child changed on an easily cleanable surface which is cleaned with soap and water and then disinfected after each use with a chlorine bleach solution of one quart water to one tablespoon bleach, made fresh daily? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are cloth diapers used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(c) | If "Yes", are soiled cloth diapers placed in a plastic bag that is labeled with the name of the child and sent home daily? |
| NOTE: Cloth diapers, training pants, etc., are not to be rinsed. | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Are disposable diapers used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(d) | If "Yes", are soiled disposable diapers placed in a plastic lined and covered container and disposed of daily? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(e) | Do you wash your hands with soap and running water before and after each diapering? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Do you wash your hands with soap and running water before and after assistance with toileting routines? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(f) | Is the application of lotions, powders or salves to the child during diapering done only at the specific direction of a parent or the child's physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.07(5)(g) | Is a child washed during diapering using a disposable towel that is used only once? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(e)4 | Are wet or soiled clothing and diapers changed promptly from an available supply of clean clothing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45.06(6)(e)1 | Do you wash a child's hands with soap and running water after diapering? |